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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 6 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34287
Registrar's No. 9276

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3: (a) PRINT FULL NAME Virgil Lewis Immekus
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male Color or race White
5. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife If alive years
7. Birth date of deceased July 7 1932 (Month) (Day) (Year)

8. AGE: Years 16 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Sullivan Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Student

11. Industry or business
12. Name Roy J. Immekus
13. Birthplace Sullivan Missouri (City, town, or county) (State or foreign country)
14. Maiden name Stella Cross
15. Birthplace Eminence Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Roy J. Immekus
(b) Address 608 South Boyle Avenue.
17. (a) Burial (b) Date thereof 10/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) OCT 26 1948 (b) J. B. Bassett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 608 South Boyle Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26 year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-28 1948 to 10-26 1948 that I last saw him alive on 10-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Reticulum cell sarcoma (lymph glands) Duration 1 mo?

Due to 55
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Biopsy cerv. gland as above
Of operations
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature John H. Hainman (M. D. or other) Address 634 N. Grand Date signed 10/28/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.